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AUTHOR	Wiebush, Richard G.; McNulty, Betsie; Le, Thao
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ABSTRACT

Effective aftercare interventions are the key to preventing recidivism among juvenile offenders. In 1987, the Office of Juvenile Justice and Delinquency Prevention established a research and demonstration program to develop, assess, and disseminate an intensive aftercare program targeted at these offenders. This program, the Intensive Aftercare Program (IAP), seeks to reduce recidivism among high-risk juvenile parolees by providing a continuum of supervision and service during institutionalization and after release. This Bulletin provides an overview of the IAP model and describes its implementation over the first 3 years by participating sites in Colorado, Nevada, and Virginia (A New Jersey project was dropped as a demonstration site). The Bulletin also assesses the extent to which the implementation has been successful and identifies the factors that facilitate implementation and those that impede it. Among the special services designed for IAP youth are structured life skills curricula, anger management training, peer group counseling, and family counseling. Evaluation of the IAP programs shows that the demonstration programs in Colorado, Nevada, and Virginia have implemented programs that reflect their program designs and the intent of the IAP model and have resulted in supervision and services for IAP youth that are quite different from those received by regular parolees. While implementation cannot be characterized as "complete" or problem-free in these three sites, the strengths of the programs in these states have outweighed the shortcomings. (SLD)

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OJJDP
John J. Wilson, Acting Administrator
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JUVENILE JUSTICE BULLETIN

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Implementation of the Intensive Community-Based Aftercare Program

Richard G. Wiebush, Betsie McNulty, and Thao Le

In 1987, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) initiated a research and development program to design, test, and disseminate information on an intensive aftercare program for serious, chronic juvenile offenders released from secure confinement.[1] OJJDP's desire to focus attention on aftercare was sparked by multiple concerns, including:

- Escalating juvenile crime rates.
- Dramatic increases in the number of youth entering secure care.
- Spiraling costs.
- The juvenile correctional system's demonstrated ineffectiveness in controlling or reducing delinquent behavior among aftercare populations.

Previous research has shown that recidivism rates among juvenile parolees are quite high, ranging from 55 percent to 75 percent (Krisberg, Austin, and Steele, 1991), and that a large percentage of previously incarcerated juvenile offenders continue their criminal involvement into adulthood (Hamparian et al., 1984). The crux of the problem was that an already overburdened juvenile corrections and aftercare system was increasingly likely to face the kind of youth whom the system historically had either ignored or failed: serious, chronic offenders. The OJJDP initiative was an attempt to develop more effective aftercare interventions to improve the Nation's track record with this most difficult youth population.

The OJJDP intensive community-based aftercare research and demonstration program—known as the Intensive Aftercare Program (IAP)—is a multistage project conducted by David Altschuler, Ph.D. (Johns Hopkins Institute for Policy Studies), and Troy Armstrong, Ph.D. (Center for Delinquency and Crime Policy Studies at California State University at Sacramento). The project's current and final phases consist of implementation of the IAP model in selected sites and completion of process and outcome evaluations by the National Council on Crime and Delinquency (NCCD).[2] During initial implementation, the participating sites were:

- Clark County (Las Vegas), NV.
- Denver, Arapaho, Douglas, and Jefferson Counties (Metropolitan Denver), CO.
- Essex (Newark) and Camden Counties, NJ (participation ended in 1997; see page 3).
- City of Norfolk, VA.

To support implementation of the IAP model, OJJDP awarded each site multiyear grants and supplied ongoing training and technical assistance through Drs. Altschuler and Armstrong. Implementation was staggered. Virginia started operations in mid-1993, even before Federal funding for the

From the Administrator

The rehabilitation of serious, chronic juvenile offenders does not end with their release from secure confinement. On the contrary, effective aftercare interventions are key to preventing recidivism among this challenging population.

In 1987, the Office of Juvenile Justice and Delinquency Prevention established a research and demonstration program to develop, assess, and disseminate an intensive aftercare program targeted at these offenders. This program, the Intensive Aftercare Program (IAP), seeks to reduce recidivism among high-risk juvenile parolees by providing a continuum of supervision and services during institutionalization and after release.

This Bulletin provides an overview of the IAP model and describes its implementation over the first 3 years by participating sites in Colorado, Nevada, New Jersey, and Virginia. The Bulletin also assesses the extent to which the implementation has been successful and identifies the factors that facilitate implementation and those that impede it.

As the information in this Bulletin details, IAP programs play an important role in providing serious, chronic juvenile offenders with the balanced supervision and services they need to turn from a path to crime.

John J. Wilson
Acting Administrator

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project was assured; Nevada piloted a small-scale version in mid-1994; New Jersey started operations in the spring of 1995; and Colorado began its program in August 1995. All the sites except Colorado started the project before NCCD began the process evaluation.

Purpose and Scope of the Bulletin

This Bulletin provides an update on the status of IAP implementation in the four sites. It begins with a brief overview of the IAP model and describes—using a cross-site approach—how the sites have implemented various aspects of the model. For a fuller description of the model, see Altschuler and Armstrong (1994).[3] The Bulletin also assesses the extent to which implementation has been successful, both with respect to the specific components and the overall model. Finally, a series of factors that facilitated or impeded program implementation are identified. This Bulletin is an interim report, reflecting developments during approximately the first 3 years of implementation (through December 1998).[4] The sites will continue implementation at least through mid-2000.

The IAP Model

The goal of the IAP model is to reduce recidivism among high-risk parolees. It is rooted in research on the dynamics of recidivism and a theoretical model that integrates the explanations of strain, social learning, and social control theories. The model posits that effective intervention with the target population requires not only intensive supervision and services after institutional release, but also a focus on reintegration during incarceration and a highly structured and gradual transition process that serves as a bridge between institutionalization and aftercare. Altschuler and Armstrong suggest the following:

> [The] IAP model is most clearly conceptualized as a correctional continuum consisting of three distinct, yet overlapping, segments: pre-release and preparatory planning during incarceration; structured transition that requires the participation of institutional and aftercare staff prior to and following community re-entry; and long-term, reintegrative activities that ensure adequate service delivery and the necessary level of social control (1996:15).

The research evidence and the tenets of integrated theory led Altschuler and Armstrong to identify five principles that should underpin all intervention efforts geared toward structured reentry and community normalization for high-risk parolees:

- Prepare youth for progressively increased responsibility and freedom in the community.
- Facilitate youth-community interaction and involvement.
- Work with the offender and targeted community support systems (e.g., schools, family) on qualities needed for constructive interaction and the youth's successful community adjustment.
- Develop new resources and supports where needed.
- Monitor and test the youth and the community on their ability to deal with each other productively.

Central to the model—and the sites' programs—is the notion of "overarching case management." This IAP program element[5] focuses on the processes required for successful transition and aftercare and includes five subcomponents:

- **Assessment, classification, and selection criteria.** IAP focuses on high-risk offenders in order to maximize its potential for crime reduction and to avoid the negative outcomes previously demonstrated to result from supervising low-risk offenders in intensive supervision programs (Clear, 1988). To accurately identify these high-risk youth, implementing jurisdictions need to use a validated risk-screening instrument.
- **Individualized case planning that incorporates family and community perspectives.** This component specifies the need for institutional and aftercare staff to jointly identify youth's service needs shortly after commitment and plan for how those needs will be addressed during incarceration, transition, and aftercare. It requires attention to youth problems in relation to their families, peers, schools, and other social networks.
- **A mix of intensive surveillance and services.** IAP promotes close supervision and control of high-risk offenders in the community but also emphasizes the need for similarly intensive services and support. This approach requires that staff have small caseloads and that supervision and services be available not only on weekdays, but also in the evenings and on weekends.
- **A balance of incentives and graduated consequences.** Intensive supervision is likely to uncover numerous technical violations and program infractions. The IAP model indicates the need for a range of graduated sanctions tied directly and proportionately to the seriousness of the violation instead of relying on traditional "all or nothing" parole sanctioning schemes. At the same time, the model points to a need to reinforce youth progress consistently via a graduated system of meaningful rewards.
- **Creation of links with community resources and social networks.** This element of case management is rooted in the conviction that the parole agency cannot effectively provide the range and depth of services required for high-risk, high-need parolees unless it brokers services through a host of community agencies and resources. Moreover, because interventions will focus on family, school, peer, and community issues, the case manager and service agencies need to create strong working relationships with these social networks.

The IAP model is prescriptive in the sense that each of the implementing sites was required to use the intervention framework, the program principles, and the program elements as the foundation for the local program design. However, each site had considerable flexibility to develop the specific design that would provide the best fit between the model's parameters and the local context. As a result, the sites share key IAP features but also have program characteristics that clearly distinguish them from each other.

The NCCD Evaluations

To test whether and to what extent IAP addresses the critical issues outlined above, OJJDP awarded a grant to NCCD in 1995 to conduct process and outcome evaluations in each site. The evaluations are using an experimental design to determine the extent to which IAP differs from standard institutional and aftercare practices and to assess the program's impact on youth outcomes. In each site, NCCD randomly assigns committed youth who are assessed as high risk either to IAP or to a control group that receives traditional services. For each group, data are collected on youth characteristics, the extent and nature of supervision and services provided each month, and intermediate and longer term youth outcomes. The primary goal of the process evaluation is to document and assess the extent to which the

sites have implemented the programs in accordance with the national model and their local design. Using both quantitative and qualitative data, NCCD has been routinely assessing all dimensions of program implementation. The implementation evaluation can inform policymakers, juvenile justice officials, funders, and others about program successes and shortcomings, factors that facilitated or impeded implementation, and lessons learned from the demonstration projects.

The outcome evaluation will examine recidivism among the IAP and control groups using a 1-year, postrelease followup period and multiple measures of reoffending behavior.[6] A series of pre- and post-standardized tests will also be used to assess intermediate outcomes in selected areas of youth and family functioning.

The Status of IAP Implementation in the Sites

Each of the IAP sites underwent a 6- to 18-month planning period prior to implementation. During this time, Drs. Altschuler and Armstrong provided site staff with intensive training on the model's rationale and components. They also provided technical assistance on design and implementation issues. Then, as now, the model had a strong conceptual appeal for administrators and staff. It made intuitive sense to people, and it addressed what they had identified as critical problems for parole in their respective agencies. However, the sites all had difficulties—to varying degrees and in different areas of the model—translating design into operational reality. During approximately the first 2 years of each project, implementation was an ongoing process that involved incremental steps and a series of refinements to program components, policies, and procedures.

Project enrollments have been smaller than originally anticipated. As of November 1998, approximately 3 years after startup, Colorado had identified 150 youth to be randomly assigned by NCCD, Nevada 212, and Virginia 121. Due in part to low intake and in part to program design, the sites have served a fairly small number of youth at any given time. Typically, the sites each have had approximately 20 IAP youth in the institutional phase and an additional 15 to 20 youth on aftercare status in the community.

Implementation has been strong in three of the four sites. Colorado, Nevada, and Virginia all have implemented IAP programs that largely reflect program design. These programs have also created a correctional intervention that is quite different from the supervision and services provided to "regular" parole cases. In New Jersey, however, a promising first year of implementation was followed by an extended period during which program development stalled significantly. After several largely unsuccessful attempts to reinvigorate the project, OJJDP decided in December 1997 to end that site's participation in the demonstration.[7]

The following characteristics are common to the three sites in which implementation is considered successful:

- High-risk, program-eligible youth are identified through the use of a risk assessment instrument that is site specific and empirically based.
- Both institutional and aftercare case management are provided by staff who handle only IAP cases in small caseloads (i.e., 15 to 20 youth). In the community, parole officers work jointly with staff referred to as parole aides, field agents, or "trackers."
- There is substantial coordination and continuity in case planning and case management across the institutional and aftercare phases. This coordination is facilitated by a team approach. While the composition of the team varies across sites, it includes, at a minimum, institutional and parole staff, supplemented by service providers, parents, and/or other agency staff.
- Team involvement and more frequent interaction between institutional and parole staff have helped overcome traditional turf and communication barriers.
- Planning for aftercare begins shortly after the youth's institutional placement and is finalized at least 30 days prior to his release to aftercare. Community interventions/services begin almost immediately after release.
- There are formal structures to facilitate the transition from institution to aftercare, including the use of transitional facilities (Virginia), furlough with intensive monitoring (Nevada), or service delivery by community treatment providers that begins during the institutional phase and continues during aftercare (Colorado).
- Special services designed specifically for IAP youth have been developed and implemented in both the institutional and aftercare phases, including structured life skills curriculums, anger management training, peer group counseling, and family counseling.
- Aftercare services represent a mix of control measures (e.g., supervision and surveillance) and treatment interventions to address identified needs.
- There is a major emphasis on creating strong ties to local support systems and accessing community services.
- Graduated reward and sanction systems have been developed for the institutional and parole phases.

Although IAP has been generally well implemented in these sites, each program faced implementation difficulties, including internal problems (e.g., extended staff vacancies in key positions and difficulties for some parole officers in executing the intended "intensive" role) and contextual problems (e.g., competing agency priorities, institutional crowding, and unstable program environments). Some of the problems have been successfully addressed. Others persist. On balance, however, the strengths of each program far outweigh the shortcomings.

Context and Goals

The impetus for adopting the IAP model was strikingly similar across sites. They were all operating in a political environment charged with increasing concerns about serious offenders and, as a result, their correctional policy and operations had been subject to close scrutiny. Each site was experiencing institutional crowding in its juvenile facilities. Each knew, or believed, that recidivism and reincarceration rates were high for parolees (thereby exacerbating the crowding problem). Each felt that juvenile parole was a neglected component of its correctional interventions. The introduction of IAP presented an opportunity for the sites to focus attention on a particularly problematic offender population and to do so with the help of Federal funding and expert technical assistance.

The sites also had very similar goals for the IAP project, which reflected those of the national IAP model. Although there was some variation across sites in the specifics of the goal statements, each site focused on the need to reduce recidivism and reconfinement among high-risk parolees.

Planning and Program Design

During the design phase, the sites developed "action planning teams" to translate the basic parameters of the IAP model into a program tailored to the local context. Each site brought together people with different responsibilities from within the correctional system and from related agencies to garner as much intrasystem and interagency cooperation and commitment as possible. The teams, each of which received multiday training and ongoing technical assistance from Drs. Altschuler and Armstrong, included high-level agency administrators representing institutions, aftercare, the judiciary, and prosecutors' offices, and also included mental health, education, employment, and social services agencies. These teams developed their site-specific plan for IAP, the details of which were subsequently fleshed out by internal IAP management teams and/or project staff.

The local versions of IAP all incorporated into their design the primary components and features of the national model. However, as discussed more fully below, the ways in which the components were put into operation varied considerably.

Management

Administrative responsibility for each of the IAP projects rests with the respective State's juvenile corrections agency. Each agency has responsibility for operating the institutions and providing aftercare services, and, in some sites, operating State programs that serve as alternative placements. Program coordination responsibility is assigned to a midlevel manager in the parole/aftercare/field services unit within the larger agency. In Colorado and Virginia, the program coordinator's role is supplemented by an IAP management team, which consists primarily of managers from the various operational units that are directly affected by the program. These teams helped develop program policies and procedures and monitor program implementation. They play an important role in ensuring coordination and cooperation among different parts of the system that previously may have had conflicting interests. Nevada did not have a formally constituted IAP management team until October 1998. It relied instead on the relationships that had developed among the key project actors. It is likely that some of the operational difficulties encountered in Nevada could have been avoided—or resolved more expeditiously—if a formal team had existed earlier.

Generally, administrative and managerial support for IAP has been strong. Although the programs have (1) involved a very small portion of the overall juvenile offender population and (2) had substantial challenges in terms of competing priorities (e.g., dealing with crowding, implementing new systemwide initiatives), the basic integrity of the model has been supported in the sites. For example, in spite of increasing workload pressures in both the institutional and community settings, administrators have held firm to their commitment to keep IAP caseloads small. They have also recognized the need for IAP-specific programming and continued to support it in the institutions and the community. This commitment was not necessarily unwavering. In each site, there are examples of significant actions taken (or not taken) by administrators that, although they negatively affected IAP, were believed to be necessary for the greater good of the agency.* Perhaps more important, the relatively small size of IAP and the larger competing interests it encountered in each of the sites meant that administrators and managers often could not devote the time or attention to IAP that may have been desired. However, that the three projects have succeeded to the extent they have is due, at least in part, to an administrative commitment to support them.

Staffing

Although the central functions of IAP staff are the same across sites (e.g., case management, some direct service delivery, aftercare supervision, and the facilitation or brokerage of services), specific staffing patterns and role configurations differ somewhat from site to site (see table 1). For example, in Virginia (and previously in New Jersey), separate IAP case management positions were developed for the institutions and for aftercare. Nevada has two IAP-dedicated parole officers in Las Vegas but does not have a designated IAP institutional case manager. Instead, the Nevada IAP uses an institutional-community liaison (a parole officer who is located in the IAP cottage) with responsibility for coordinating activities and facilitating communication between the institution and the parole unit. Finally, Colorado's basic IAP staffing pattern is quite different from the other sites. There is no bifurcation of case management responsibility between the institution and the parole office. The three IAP case managers have responsibility for their cases during both the institutional and aftercare phases (as do all other Division of Youth Corrections (DYC) case managers).

All the IAP case managers—whether institutional or aftercare—carry approximately one-half to one-third the number of cases handled by their counterparts who are working with non-IAP youth. In Colorado, for example, the client managers have a maximum caseload of 18 youth (combined institution and aftercare) compared with a typical non-IAP caseload of 35 to 40 youth.

To enhance community supervision, the sites all use additional staff who provide case support and monitor program youth on weekends and during evenings. In Nevada, each IAP case manager is paired with a field agent. In Virginia, a parole aide supports the three IAP parole officers. The Colorado project includes a similar aftercare support/surveillance function, but it is carried out by contracted trackers who are not part of the formal IAP staff.

Through IAP implementation, the sites have successfully overcome the traditional barriers between institutional and aftercare staff and have developed team-oriented approaches to case planning and case management. Several sites reported that prior to IAP's introduction, there was little communication or coordination between institutional and aftercare staff, little understanding of what their respective jobs entailed, and often the existence of an "us versus them" mentality. Now, through consistent communication, frequent institutional visits by aftercare staff, joint case planning, coordinated transitional activities, and joint training, institutional and aftercare staff tend to see themselves as having complementary and supportive roles.

During the first few years of implementation, all the sites experienced some staffing problems. These problems fell into two basic categories: (1) staff turnover and vacancies and (2) role execution.

Turnover and Vacancies

Generally, staff turnover has not been a major problem in Colorado, Nevada, or Virginia. However, the latter two sites have experienced extended vacancies in key positions that directly affected the quality of services delivered to IAP youth. In Nevada, an 8-month vacancy in the institutional-community liaison position

sharply curtailed service delivery in some areas of transition programming. Similarly, Virginia experienced a 10-month vacancy in the institutional case manager position at the Beaumont Juvenile Correctional Center. In addition, Virginia's parole aide position has been vacant for two 4-month periods. Because the parole aide is largely responsible for evening and weekend monitoring, the vacancies hampered the IAP community control strategy.

The extent of staff turnover was a major problem in New Jersey. By early 1997, after less than 2 years of operations, there was not one person actively involved with IAP who had been among the original staff. By the end of 1997, several key positions had turned over multiple times, including those of project coordinator and IAP institutional case manager. The extent of change was so sweeping that it produced a general instability in the program because of the constant recruiting and retraining, and the frequent disruption of working relationships caused by staff turnover.

Role Execution

In Nevada, New Jersey, and Virginia, IAP parole officers had initial difficulties meeting the program's expectations regarding intensive supervision. In each site, the staff selected for these positions were all highly experienced parole officers who brought their traditional understanding of that role to the new position. As a result, they struggled with the shift from a one-on-one, office-bound, 9-to-5 way of doing business to the more flexible, comprehensive, and team-oriented approach envisioned in the IAP model. Adaptation and growth in the new role took some time (approximately a year in Nevada and 18 months in Virginia) and was facilitated by a variety of interventions, including ongoing training, close supervision, and exposure to other intensive juvenile correctional programs. The Virginia IAP program, for example, hired an additional IAP officer who had extensive experience in Norfolk's intensive probation program and who subsequently served as a strong influence on the other IAP staff.[9]

Client Eligibility and Selection

The basic eligibility criteria are the same across sites. Eligible youth:

- Are male.
- Have been committed to the custody of the State juvenile corrections agency.
- Are from a selected county/counties.
- Will be placed at a specified juvenile correctional facility.

Table 1: IAP Management and Staffing

Component	IAP Site		
	Colorado	Nevada	Virginia
Administrative agency	Colorado Division of Youth Corrections	Nevada Youth Parole Bureau	Virginia Department of Juvenile Justice
Program coordinator	DYC Community Services Coordinator (Central Office)	Clark County Parole Unit Manager (Local Office)	Parole Services Manager (Central Office)
Primary IAP staff			
Institution	Three IAP client managers	IAP institutional/community liaison*	Two IAP case managers*
Community	Same three IAP client managers	• Two IAP case managers • Two field agents • Parole unit manager • Education liaison	• Three IAP parole officers • Parole aide*
Other key staff	• Cedar Cottage treatment team coordinator • Four group leaders • One to three interns with master's degrees in social work • IAP researcher*	• "B" cottage manager • IAP data coordinator	• Reception facility IAP case manager • Data coordinator*
IAP staff/client ratio**			
Institution	Client managers = 1/18 (in + out)†	Liaison = 1/22 (in)	Case manager = 1/15 (in)
Community		Parole officer + agent = 2/20 (out)	Parole officer = 1/15 (in + out)

* Indicates the position is funded by OJJDP through the IAP grant.
** Staff/client ratios shown are based on program design.
† "In" designates work with youth in institutions and "out" designates work with youth in the community.

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The New Jersey Implementation Context

The most significant contextual issue for understanding the IAP experience in New Jersey is the turbulent organizational environment in which implementation occurred. The unstable environment resulted from two major changes that took place in the organizational structure of juvenile corrections.

When the program was introduced, and during the first 6 to 9 months of planning, youth institutions, community residential centers (group homes that were to be used as step-down facilities for IAP youth), and parole officers were under the jurisdiction of the Department of Corrections (DOC). In the first reorganization (1993), responsibility for the residential centers was transferred to the Department of Human Services/Division of Juvenile Services (DJS). In practical terms, this meant that youth moving through the three stages of the IAP model (institution, transitional facility, parole) would move from DOC jurisdiction to DJS jurisdiction and then back again. As a result, the site was required to obtain the commitment and cooperation of two State agencies with differing responsibilities and priorities during program planning and the initial months of implementation.

The so-called organizational split was one of the major obstacles to early implementation because so much time was spent overcoming turf issues and getting cooperation and coordination between the two departments. After the first year of implementation, however, both DOC and DJS administrators were reporting that IAP had vastly improved communication, coordination, and understanding of mutual responsibilities between the institutions, the transitional centers, and the parole system. Several staff indicated that they felt they were functioning for the first time as "part of a team." Overcoming the split was seen as one of the major accomplishments of the project at that point.

Just as these interagency IAP issues were being resolved, the second major reorganization took place. In December 1995, the DOC's juvenile components (institutions and parole) and DJS residential centers were put under the auspices of a separate, third agency—the newly created Juvenile Justice Commission (JJC). The switch from DOC/DJS administration to JJC administration involved a transition period that lasted more than a year. As a result, very little administrative attention was paid to IAP throughout the second half of 1996 and into early 1997. During this time, the project was essentially leaderless, being maintained solely by the efforts of line staff, and did not continue to develop programmatically.

JJC was a large and new bureaucracy with wide-ranging responsibilities that included getting established and organized, overhauling the outmoded and overcrowded New Jersey Training School for Boys (the major secure juvenile correctional facility), and transforming the dysfunctional juvenile parole system. The small IAP project, with no more than 25 to 30 participants at any point, was not a priority. This is not to suggest that JJC ignored the project. Both the agency administrator and the chief of the parole division believed strongly in the concept. And the new IAP coordinator (the assistant parole administrator, who took over IAP in February 1997) made significant efforts to get the by-then derailed IAP back on track. It was, however, a question of focus, energy, and priorities. JJC simply had too much to do and too many larger issues at stake to spend the time required for cultivating a small, federally funded experiment.

- Are at high risk of reoffending based on the results of a site-specific risk assessment instrument.[10]

Each site has a limited set of exclusionary offenses (e.g., sex offenses) or conditions (e.g., severe mental health problems). Those youth who meet all the eligibility criteria are placed in the IAP-eligible pool and assigned randomly by NCCD to either IAP or the control group.

Intake Issues

The number of youth enrolled in the demonstration project's experimental and control groups is lower than expected. Early planning studies indicated that a minimum of 200 youth (IAP and control group) in each site were expected to be enrolled during the first 2 years of intake. However, after approximately 3 years (November 1998), all the sites except Nevada had fallen far short of this goal: Colorado had randomized 150 youth, Nevada had randomized 212, and Virginia had randomized 121.

Two key factors in the reduction of the IAP-eligible pool were institutional crowding and the system's efforts to control it. In Colorado, at about the time that IAP was being introduced, the State legislature mandated more extensive use of privately contracted beds for serious offenders in an attempt to reduce crowding and costs. DYC responded by expanding dramatically the number of contracted beds with organizations such as Glen Mills and the High Plains Youth Center. Filling these beds then became a priority, and the unanticipated consequence was a reduction in the number of eligible youth who remained at DYC's Lookout Mountain facility. Approximately one-fourth of all high-risk youth committed to DYC were not eligible for IAP because of placement at private facilities.

A similar situation occurred in New Jersey, where officials aggressively diverted large numbers of committed youth from the IAP "host" institution (New Jersey Training School for Boys) to smaller, less-secure public facilities. There, too, approximately one-fourth of the high-risk youth were made ineligible for IAP because of these diversion practices. The situation in Virginia was somewhat different. Officials at the local level (Norfolk) introduced a series of programs designed as alternatives to institutionalization approximately 1 year after IAP was implemented. Although no data are available, it is believed that these programs helped reduce the overall level of commitments to the State and lowered the number of youth who might have been eligible for IAP.

The lower-than-expected enrollments have potential implications for the evaluation (e.g., a smaller study population) but also had some programmatic ramifications. For example, IAP and non-IAP youth were mixed in the IAP-designated cottages in Virginia during the first 2 years of operation. This presented difficulties for institutional cottage staff as they tried to implement IAP-specific services for one portion of their unit's population and not the other. In addition, the "low and slow" intake levels meant that the number of youth actually in the aftercare phase remained much lower than anticipated during the first 2 years of implementation.[11]

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Each of the sites took steps to address these intake issues. These included making case-by-case decisions, in a limited manner, to accept risk scores slightly below the cut-off (Nevada, New Jersey, Virginia); lowering the risk scale cutoff points to define more youth as high risk (Nevada, Colorado); prioritizing institutional beds for IAP youth (Colorado); and lowering the age eligibility from 16 to 13 years of age and designating a second institution as an IAP host facility (Virginia). Only the steps taken by Nevada, however, appear to have had a sustained impact on IAP enrollments.

Participant Characteristics

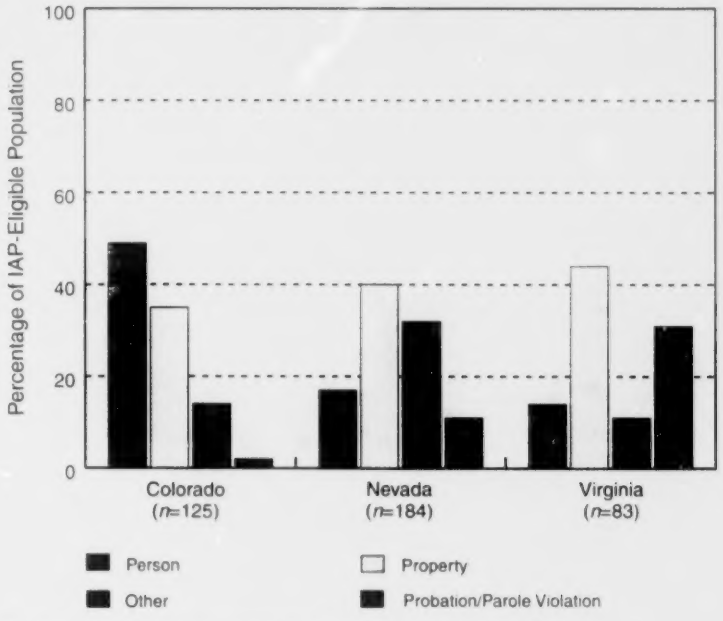
Data on the characteristics of the IAP-eligible population indicate that the sites are in fact serving their intended targeted population of high-risk, high-need offenders.[12] Given the aggressive diversion practices at several of the sites, the youth ultimately selected for the project are in many ways the most difficult in the correctional population. One parole officer has commented that "having one IAP kid is like having two of any other parolee."

The age of the IAP-eligible population is quite similar across sites—at least 80 percent of the youth are age 16 or older. The groups are very different, however, with respect to ethnicity. In Colorado, the project population is primarily Hispanic (39 percent) and white (34 percent), Nevada's youth are primarily African American (39 percent) and white (37 percent), and Virginia's youth are predominantly African American (83 percent).

Offense histories differ considerably by site. Colorado youth are significantly more likely to have been committed for a person-related offense (49 percent) than youth in either Nevada (17 percent) or Virginia (14 percent). At the same time, Colorado youth are less likely to be chronic offenders (three or more prior adjudications) or chronic felony offenders (three or more prior felony adjudications) than is the case in Nevada and Virginia. In Colorado, only 30 percent of the high-risk youth have three or more adjudications (compared with 97 percent of the youth in Nevada and 88 percent of those in Virginia), and only 7 percent have three or more prior felony adjudications (compared with more than half the youth in the other two sites). These data are presented in figures 1 and 2.

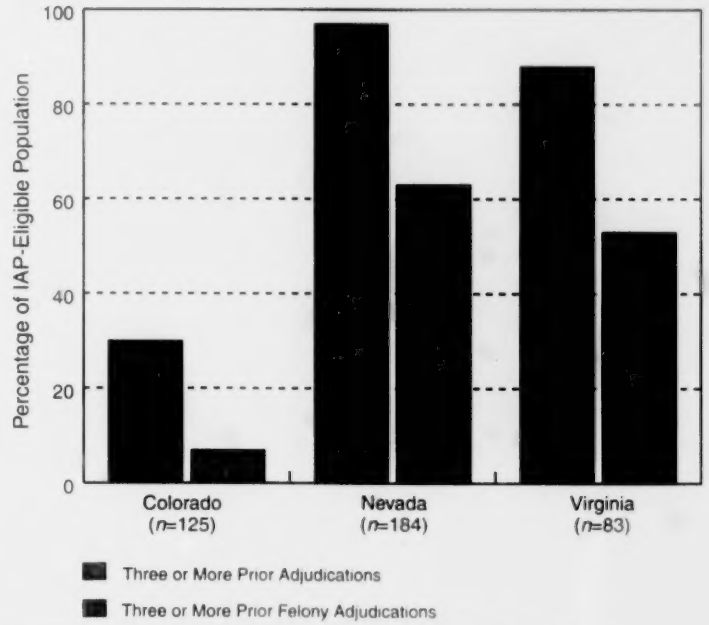
As shown in table 2, large proportions of the high-risk youth in each site have personal and family problems that can present significant barriers to successful

Figure 1: Nature of Current Adjudicated Offense, by Site



Note: Includes IAP and control youth. Data through November 1998.

Figure 2: Percentage of Youth With Three or More Prior Adjudications and Youth With Three or More Prior Felony Adjudications, by Site



Note: Includes IAP and control youth. Data through November 1998.

Table 2: Youth and Family Problems in IAP and Control Groups

Problem Area	IAP Site		
	Colorado (*n*=125)	Nevada (*n*=184)	Virginia (*n*=83)
Not attending school	74%	90%	76%
Designated in need of special education	25	24	28
Major mental health problem	32	14	26
Major drug and/or alcohol problem	61	46	35
Victim of child abuse/neglect	45	53	29
Family member with major drug abuse problem	51	45	63
Family member incarcerated	84	49	65

Note: Data through November 30, 1998.

reintegration. At least three-fourths of the youth in each site were not attending school at the time of their commitment to the State juvenile corrections agency. One-fourth were identified as being in need of special education. Each site also had substantial numbers of youth with major mental health or substance abuse problems and youth who had been victims of abuse or neglect. Just as problematic is the family environment to which the youth will likely return upon release to aftercare. Approximately half of the youth in each site had a family member with a major substance abuse problem, and an even larger percentage had a family member who had been incarcerated.

The Transition Structure and Process

A central tenet of the IAP model is the need for a well-planned and coordinated process for transitioning youth from the institutional setting to aftercare. This has been largely accomplished in Colorado, Nevada, and Virginia. There is early and frequent planning for aftercare, multiple people are involved in developing the case plan, and several mechanisms are in place for gradually phasing the youth out of the highly structured institutional environment. The key components of the transition process are summarized in table 3. Although the specific components are quite different across sites, the methods each used to structure the transition constitute a primary strength of implementation.[13]

Parole Planning

In each site, institutional and aftercare staff begin thinking about and planning for parole shortly after a youth's commitment. Initial plans usually are developed within 30 days of commitment, at the same time that the institutional case plan is developed. Parole plans are then finalized approximately 1 to 2 months prior to release. In Colorado and Virginia, case plans incorporate the multiple perspectives of institutional staff, parole staff, and representatives of community agencies. Although all the sites attempt to involve parents in case planning, their degree of success has differed. Parental involvement in Colorado has been fairly routine, perhaps because of the proximity of the institution to the Denver area—a 30-minute drive away. It has been more sporadic in Nevada and Virginia, however, where the institutions are located several hours away from the target communities.

An important outcome of this early aftercare planning is that parole officers can put needed services in place prior to the youth's actual release. In all three sites, critical services typically begin within the first week (if not the first day) after release. This practice stands in sharp contrast to the traditional parole situation in which arrangements for services often do not begin until the youth is released, thereby creating considerable delays before services are actually delivered.

Parole Officer Contact During the Institutional Phase

One of the transitioning mechanisms common to all sites is the ongoing involvement of the case manager/parole officer with IAP participants while they are institutionalized. Case managers are required to visit the institution at least monthly to begin building relationships with the youth, monitor progress with the case plan, and review the parole plan. Evaluation data show that in Colorado, IAP youth are seen by the case manager approximately 2.5 times per month during the institutional phase; in Nevada, they are seen by the parole officer about once every other month; and in Virginia, they are seen about 1.5 times per month. In each case, this contact during the institutional phase is twice as frequent as among control group youth.

Site-Specific Transition Practices

Colorado. In Colorado, one of the key transition processes is continuity in service delivery. During the institutional phase, community-based providers begin weekly services (including multifamily counseling and life skills services) that continue during aftercare. The extent of Colorado's provider involvement across the institutional/aftercare boundary is unique and clearly represents Altschuler and Armstrong's notion of "backing up" community-based services into the institution to maximize the transition process.

Sixty days prior to release, IAP youth begin a series of step-down measures, including supervised trips to the community and, 30 days before release, overnight or weekend home passes. Upon release to parole, most program youth go through several months of day treatment programming that, in addition to services, provides a high level of structure during the day. Trackers provide evening and weekend monitoring during this period of reentry. As a youth's progress warrants, the frequency of supervision contacts decreases. The planned frequency of contact is once per week during the first few months of supervision, with gradual reductions to once per month in later stages of supervision.

Nevada. Like Colorado, Nevada's transition has programmatic and structural dimensions. Once the parole plan is finalized, all IAP youth begin a 30-day prerelease phase during which IAP staff provide a series of services that continue through the early months of parole. These consist primarily of two structured curriculums on life skills (Jettstream) and substance abuse (Rational Recovery).[14] In addition, a money management program (The Money Program) is initiated. Youth are provided with mock checking accounts from which "bills" must be paid for rent, food, insurance, and other necessities. Youth also can use their accounts to purchase recreation and other privileges, but each youth must have a balance of at least $50 at the end of the 30 days to purchase his bus ticket home.

The initial 30 days of release are considered an institutional furlough (i.e., youth

are still on the institutional rolls) that involves intensive supervision and service, any time during which the youth may be returned to Caliente Youth Center for significant program infractions. To ensure that community staff have the capability of returning youth to Caliente, two beds are kept open and in reserve. During furlough, youth are involved in day programming and are subject to frequent drug testing and evening and weekend surveillance. Upon successful completion of the furlough, the IAP transition continues through the use of phased levels of supervision. During the first 3 months, three contacts per week with the case manager or field agent are required. This level of supervision is reduced to two contacts per week for the next 2 months, and then to once per week during the last month of parole.

Virginia. Virginia's transition differs from the other two sites in that its central feature is the use of group home placements as a bridge between the institution and the community. Immediately after release from the institution, youth enter one of two

Table 3: Transition Components of IAP Programming

Transition Component	IAP Site		
	Colorado	Nevada	Virginia
Early parole planning	Initial plan complete at 30 days after institutional placement; final plan complete at 60 days prior to release.	Initial plan complete at 30 days after institutional placement; final plan complete 30 days prior to furlough.	Initial plan complete 30 days after institutional placement; final plan complete 30 days prior to release.
Multiple perspectives incorporated in plan	Case manager, institutional staff, youth, parents, and community providers all routinely involved.	Parole officer, institutional community liaison, institutional staff, and youth; parent participation limited.	Parole officer, institutional case manager, youth, interagency "Community Assessment Team," and parent.
Parole officer visits to institution	One to two times per week; routine.	Once per month; routine since spring 1997.	One to two times per month; routine.
Treatment begun in institution and continued in community	Via community providers. Includes multifamily counseling, life skills training, individual counseling, and vocational skills training; done routinely.	Via an institutional-community liaison and parole officers. Includes life skills and drug/alcohol curriculums; done routinely until liaison vacancy.	Via one provider at Hanover only. Drug/alcohol treatment; sporadic use. State policy discourages contract services by community providers for institutionalized youth.
Youth prerelease visits to community	Supervised day trips to community programs, beginning 60 days prior to release.	Not allowed.	Not allowed.
Preparole furlough	Overnight/weekend home passes, beginning 30 days prior to release.	Thirty-day conditional release to community, prior to official parole.	Not allowed.
Transitional residence	Not part of the design, but occurs for some youth.	Not part of the design.	Two group homes in Norfolk; 30- to 60-day length of stay; used for most youth.
Transitional day programming	Two day-treatment programs in Denver; used for almost all youth during the first few months after release.	One day-supervision/treatment program; used for most youth.	Day treatment used for youth who do not go to group homes.
Phased supervision levels on parole	Informal system: contact once per week during the first few months, down to once per month later.	Four-phase system: contact four times per week during furlough; three times per week next 90 days; two times per week next 60–90 days; once per week next 30–60 days.	Four-phase system: group home; contact five to seven times per week next 60 days; three to five times per week next 60 days; three times per week last 30 days.

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group homes for a 30- to 60-day period. The programs and services in which they will be involved in the community are initiated shortly after placement in the group home. As in Nevada, Virginia uses a formal step-down system to gradually ease the intensity of parole supervision. In the 2 months following the youth's release from the group home, staff are required to contact him five to seven times per week. This is reduced to three to five times per week during the next 2 months and again to three times per week during the final 30 days.

Virginia has had limited success in initiating services in the institutional phase that are then continued during aftercare. IAP staff developed a comprehensive life skills curriculum designed for this purpose, but it has not been consistently delivered in both settings. Because State officials frown on contracting for services with community providers for institutionalized youth, this avenue for transition-oriented, continuous service delivery largely has been blocked.

The IAP Mix of Supervision and Services

The IAP model stresses the need to create a wide-ranging and balanced mix of interventions designed to control offender risk and to address offender needs. Colorado, Nevada, and Virginia have all responded by (1) providing enhanced, IAP-specific programming during both the institutional and aftercare phases and (2) creating a blend of control and treatment strategies during aftercare.

Institutional Services

In Colorado and Nevada, the basic intervention for IAP and all other youth is based on normative culture models that seek to help youth develop prosocial values. The intervention involves creating a positive peer culture in the cottage, having daily group counseling sessions, and using peer pressure to induce behavioral change. In Virginia, the basic intervention in all Department of Juvenile Justice facilities since early 1997 has been the militaristic-style LEADER program. Using uniforms, a platoon organization, military drills, and highly structured days, the program represents an attempt to develop a new institutional culture based on structure, discipline, and group cohesion.

Within this larger context, the programs in each site have developed specialized services for IAP. First, all the sites house IAP youth in the same living unit, although they have usually been mixed in with non-IAP youth. Second, because of the reduced caseloads, IAP youth have much more frequent face-to-face contact with their institutional case managers for purposes of case planning and counseling than does the control group.[15] Third, each site has developed programming specifically targeted to its IAP population. For example:

- All three sites include a formal system of rewards and sanctions (see page 13).
- Colorado provides a vocational skills workshop and additional individual counseling (run by community providers), parent orientation and experiential learning activities (jointly run by cottage staff and the providers), and anger management and survival skills groups. Further, family members of IAP youth are involved in multifamily counseling groups operated by the providers at the institution.
- In Nevada, IAP youth receive the prerelease services discussed previously. These include participation in Jettstream, Rational Recovery, and The Money Program.
- In Virginia, IAP youth are involved in a life skills group, receive specialized vocational assessment, and receive additional individual counseling by their case managers. Parents of IAP youth are involved in provider-run groups and other services in the community while their sons are incarcerated.

In addition to these specialized services, IAP youth in each site are provided a wide array of more traditional services (e.g., education, substance abuse treatment) while institutionalized.

However, as shown in table 4 (see page 11), IAP youth are not necessarily more likely to be involved in these traditional service areas than non-IAP youth. For example, in Colorado and Virginia, there are no differences in the proportion of IAP and control youth who have been involved in education, vocational training, counseling, substance abuse interventions, or life skills training. In Nevada, however, IAP youth are more likely to be involved in vocational training, substance abuse interventions, and life skills programming.

There is a similar pattern with respect to the intensity of services (i.e., mean hours or days per service month) provided to IAP youth. In Colorado, IAP and control youth receive generally very similar levels of service in each of the basic intervention areas, although control cases receive slightly more intensive services in vocational training and counseling. In Virginia, IAP and control youth receive similar doses of services in all areas except vocational training (where the IAP group receives less intensive services). In Nevada, however, there are two service domains (counseling and life skills) in which IAP youth receive far more intensive services than control youth.

These data suggest a lack of differentiation between IAP and control youth in service delivery during the institutional phase, especially in Colorado and Virginia. This is due in part to Colorado's efforts in recent years to provide enhanced services for all institutionalized youth and to the extended vacancy in the IAP case manager's position at the Beaumont facility in Virginia.

It is important to remember, however, that what is being measured here is the extent of youth involvement in traditional intervention areas. As shown elsewhere, there are important differences in IAP institutional service delivery in connection with case management (e.g., early release planning, institutional visits by the parole officers), the nature of service delivery (e.g., the involvement of community providers in Colorado), the emphasis on transition, and the provision of unique programming such as the systems for rewards and sanctions.

Aftercare Supervision

In each site, multiple mechanisms are used to provide intensive supervision. All the sites provide a highly structured setting for the early months of aftercare. Colorado uses day treatment programming, Nevada employs administratively revocable furlough coupled with day programming, and Virginia requires a 1- to 2-month stay in a group home. The sites also require frequent contact between the youth and the supervision team. In the first few months of parole, the expected frequency of contact ranges from once per week in Colorado to three times per week in Nevada to five times per week in Virginia.

Each site has made provisions for extended coverage (i.e., supervision that occurs during evening hours and on weekends). Other monitoring or surveillance-oriented activities include curfews and random urinalysis (all sites), house arrest and electronic monitoring (as needed in Nevada and Virginia), and random paging and monthly court reviews (Virginia). Finally, IAP parole staff in each site spend a significant portion of their time interacting with youth and families at community programs,

Table 4: Prevalence and Intensity of Service Delivery, Institutional Phase

Colorado

Service Type	Percentage of Youth Who Ever Received Service: IAP (n=80)	Percentage of Youth Who Ever Received Service: Control (n=67)	Mean Hours/Days Per Month: IAP (n=80)	Mean Hours/Days Per Month: Control (n=67)
Educational	100%	99%	17.3 days	15.8 days
Vocational training	53	49	13.8 hours	17.2 hours
Mental health/counseling	100	99	12.2 hours	15.0 hours
Drug/alcohol treatment	55	54	5.6 hours	4.5 hours
Life skills training	31	43	4.5 hours	5.2 hours

Nevada

Service Type	Percentage of Youth Who Ever Received Service: IAP (n=95)	Percentage of Youth Who Ever Received Service: Control (n=99)	Mean Hours/Days Per Month: IAP (n=95)	Mean Hours/Days Per Month: Control (n=99)
Educational	97%	99%	15.9 days	13.9 days
Vocational training	77	59	14.7 hours	13.8 hours
Mental health/counseling	97	97	21.5 hours	9.1 hours
Drug/alcohol treatment	95	82	4.4 hours	6.0 hours
Life skills training	96	36	33.5 hours	7.1 hours

Virginia

Service Type	Percentage of Youth Who Ever Received Service: IAP (n=70)	Percentage of Youth Who Ever Received Service: Control (n=35)	Mean Hours/Days Per Month: IAP (n=70)	Mean Hours/Days Per Month: Control (n=35)
Educational	99%	91%	18.0 days	18.9 days
Vocational training	54	57	11.0 hours	21.2 hours
Mental health/counseling	99	97	3.9 hours	2.7 hours
Drug/alcohol treatment	70	71	2.3 hours	2.0 hours
Life skills training	84	83	1.7 hours	1.6 hours

Note: Intensity-of-services data are based on case months in which the service was received.

offenders' homes, and "in the street" instead of working solely out of the office. Although the number of aftercare youth for whom data are available is somewhat limited, it appears that the intensity of supervision for IAP youth is greater than that found for controls in all three sites. For example:

- In Nevada and Virginia, IAP youth have substantially more face-to-face contacts with their parole officers each month than do control youth. IAP youth in Colorado and Virginia also have telephone contacts with their parole officers at a rate that is more than twice that of control youth (see table 5 and figure 3, page 12).
- In Virginia, the parents of IAP youth have far more face-to-face contact with parole officers than do control group parents.
- In all sites, IAP youth are significantly more likely than control youth to be subject to some form of evening and weekend supervision or surveillance (see figure 4, page 13).

The data on the frequency of contact between parole officers and youth may raise the question of just how intensive the IAP supervision is. Seeing a youth two or three times per month (in Colorado) or even five times per month (in Nevada) may not seem to enhance dramatically the levels of supervision. However, these data need to be viewed in the larger context of how "intensive supervision" is defined in the sites. The IAP programs do not rely solely on the contact between assigned parole officers and youth to achieve intensive supervision. Instead, the sites use a team supervision approach that involves several different parties, including the parole officer, surveillance or tracking staff, treatment providers, and others. In Colorado, for example, substantial responsibility for social control is assumed by the two day-treatment providers during the early phases of parole. Instead of relying on multiple contacts per week with the case manager, Colorado uses highly-structured, 7-hour-per-day program involvement as a key mechanism for close supervision. There, as in the other sites, it is this type of service involvement, along with surveillance activities and the frequency of contact, that helps create intensive levels of supervision.

Services while on aftercare. The IAP model and the three demonstration programs emphasize the need to create links with a wide range of service providers to meet the multiple and varied needs of the target population. Colorado and Virginia have been quite successful in meeting this objective, while Nevada has encountered some obstacles.

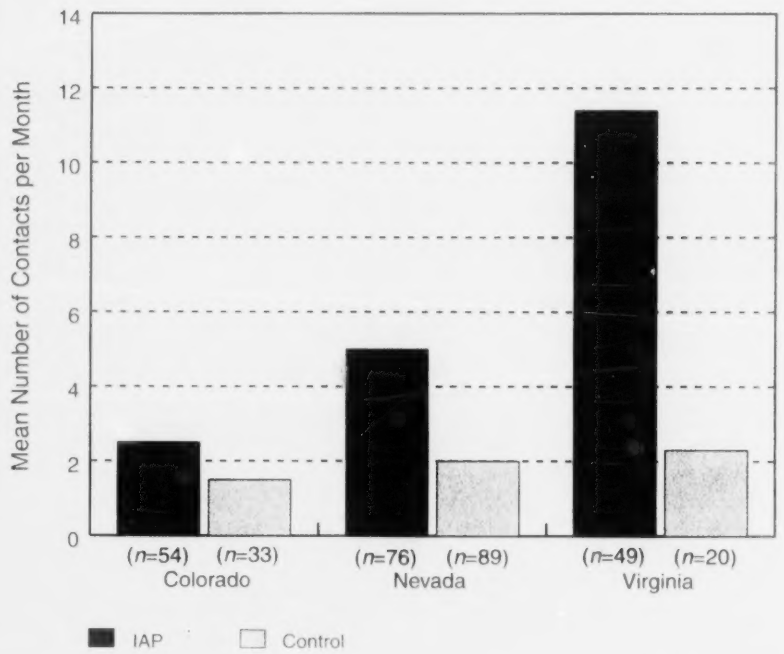
Colorado has developed a full-fledged public-private partnership by creating its multiagency service provider network. IAP managers and staff view the provider network as the core element of the project. It involves approximately 25 different agencies and includes both residential and nonresidential programs that provide a full range of services. In practice, two of the agencies (the day treatment providers) are used routinely for almost all paroled youth, and the others are accessed according to a youth's needs. Funding for these services is provided through a combination of DYC contractual dollars, IAP funding, and an additional pool of State subsidy money that provides flexible funds for specialized aftercare services.

Virginia has been successful in maximizing the number and type of community resources that can be made available to IAP youth. It has done so by creating and sustaining relationships with key organizations in the community, accessing several different funding sources, and accessing resources that previously may not have served the juvenile parole population. The IAP site routinely uses approximately 15 different public and private community-based organizations for service delivery, although they are not organized into a formal provider network as in Colorado. The services include alternative education

Table 5: Number of Contacts per Month Between Parole Officer and Youth and Parents During Aftercare

	IAP Site					
	Colorado		Nevada		Virginia	
Service Type	IAP (n=58)	Control (n=48)	IAP (n=81)	Control (n=96)	IAP (n=56)	Control (n=34)
Face-to-Face						
Parole officer and youth	2.5	1.5	5.0	2.0	11.4	2.3
Parole officer and parent	1.4	0.7	1.8	1.0	4.8	1.5
Phone						
Parole officer and youth	3.2	1.5	2.4	1.8	5.3	1.4
Parole officer and parent	2.0	1.1	2.2	1.3	3.2	1.2

Figure 3: Average Face-to-Face Contacts During Aftercare, by Site



programs, a specialized public school reentry class, three vocational training programs, mental health and family preservation services, and substance abuse treatment and relapse prevention programs. Access to services is enhanced through the availability of flexible funds, including IAP grant money and a $2 million State subsidy for community-based services. In addition to these brokered services, parole staff provide a series of direct services including life skills and substance abuse counseling and youth and parent groups.

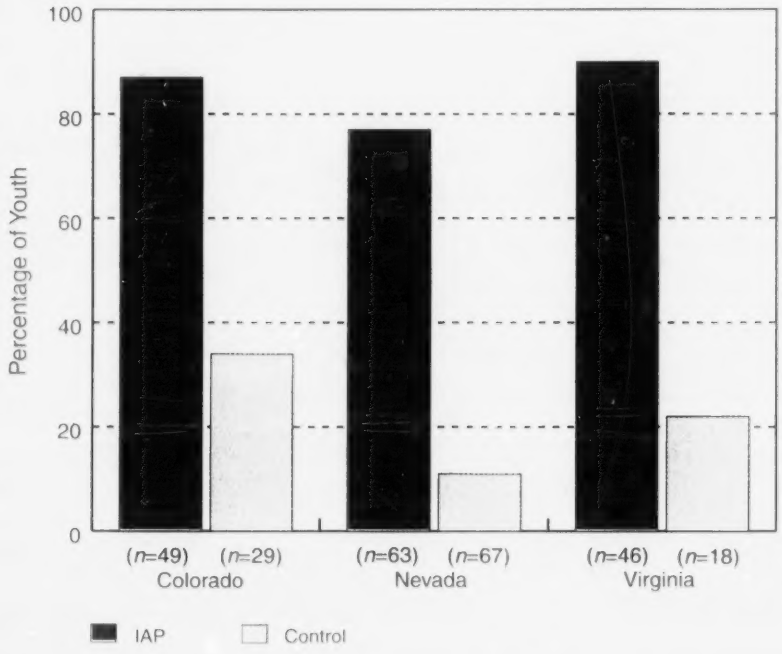
Nevada's IAP has struggled to create community links and generally has had less access to community agencies than is the case in Colorado or Virginia. Historically, the Nevada Youth Parole Bureau has had little experience with service brokerage. Consequently, for approximately the first 2 years of the project, IAP staff directly delivered most of the services. In summer 1998, however, Nevada began to move away from the direct service model. A day treatment provider assumed the primary responsibility for the core services received by all youth (e.g., life skills training, tutoring, anger management, continuation of the Jettstream and Rational Recovery classes). Other services are available to IAP youth, but these are limited to programs that have had long-standing contracts for services to all parolees, are operated by other governmental agencies, or require fees for service.[16] In an attempt to provide a broader range of services, in addition to more individualized and readily accessible services, Nevada identified five potential contractors in mid-1996 who could provide various levels of treatment for mental health, substance abuse, and other problems. Until only recently, however, a series of bureaucratic obstacles and delays at the State level prevented the finalization of these IAP-specific contracts.

Service involvement. Regardless of the variations in service delivery models, large percentages of IAP youth in each site receive services in several different areas, and IAP clients, especially in Nevada and Virginia, are consistently more likely to receive services than their control counterparts. Data relative to the prevalence and intensity of aftercare services delivered to youth are presented in table 6 (see page 14). These data need to be treated with caution because of the low number of control clients with reports on service delivery in Colorado and Virginia.

In Colorado, a large percentage of IAP youth are involved in each of the service areas. These youth are more likely than controls to partake in employment, vocational training, and substance abuse services. The extent of IAP youth's service involvement in Nevada and Virginia is striking. In both sites, approximately two-thirds or more of the IAP youth are involved in the various services. IAP clients also are far more likely to be involved in each service area (with the sole exception of employment) than are the control clients.

Although large numbers of IAP youth are provided services, the data indicate that

Figure 4: Percentage of Youth Subject to Surveillance-Related Activities, by Site



Note: Includes evening/weekend extended coverage, pagers, electronic monitoring, and other surveillance methods.

they do not necessarily receive more intensive services than control youth. In fact, the results are quite mixed. In each site, there are several service areas in which the intensity of services is comparable for both groups, other areas in which IAP youth receive more intensive services, and still other areas in which controls receive more intensive services.

It is possible that the supervision practices described previously and the service delivery patterns shown here could change over time or with larger samples. However, based on the current aftercare data, it appears that the sites have been quite successful in accomplishing what is suggested by the IAP model: because IAP clients are high-risk, high-need youth, they need to be handled with both extensive control and extensive involvement in services.

Rewards and Sanctions

Each site has developed IAP-specific, graduated reward and sanction programs for use in the institutional and aftercare phases. Working with these programs, IAP staff are able to consistently reinforce positive accomplishments and consistently respond to negative behavior in a way that is proportionate to the violation. The formality of the systems and how they have been implemented differ not only by site, but by phase (i.e., institutional versus aftercare) within sites.

Institutional Rewards and Sanctions

In Colorado and Nevada's institutional phase, staff have developed incentive programs as enhancements to the routine institutional reward/sanctioning systems. Colorado's "Bonus Bucks" program allows IAP youth to earn privileges (e.g., family visits, extra phone calls) and tangible items (e.g., favorite food) for significant accomplishments such as attaining a treatment goal. The program is popular with both youth and staff, who report that it cut behavioral incidents by two-thirds after implementation. In Nevada, staff in the IAP cottage have developed running, weight lifting, and reading programs, all of which provide incentives (e.g., favorite food, late nights, movies) for reaching predetermined milestones. In Virginia, institutional case managers in the different facilities use an informal system of rewards and sanctions, but there are differences in the scope of application and the consistency with which they are applied. At Beaumont (the institution with the majority of IAP youth), the system historically has not been used as routinely or aggressively as at the Hanover Juvenile Correctional Facility. At Hanover, rewards and sanctions are applied on a weekly basis to respond to a youth's behavior and in special situations, such as completion of a treatment program or a major rules violation. The Hanover case manager uses a wide range of motivators including additional phone calls home, access to fast foods or computer games, and permission to wear "wave caps" or "doo rags." Program infractions or lack of progress in treatment typically results in delayed or denied privileges. Major violations of institutional rules result in institution-imposed sanctions and learning assignments that require the youth to reflect on and write about the precursors and consequences of his behavior.

Community Rewards and Sanctions

The rewards/sanctions systems used in the community are similar in principle to those used in the institutions. The community setting, however, generally offers a wider array of potential rewards (e.g., movie tickets, passes to sporting events or concerts, dinners out, recreation center memberships, gift certificates) and sanctions (e.g., more restrictive curfews, community service, house arrest, increased surveillance, court reviews, revocation). Because all three sites use some type of phase system for aftercare supervision, movement to a more restrictive phase in response to violations, or to a less restrictive phase in response to sustained progress, is a common tactic. In each of the sites, it also is possible to place a youth in detention for a brief period in cases of significant noncompliance.

The structure of the sites' rewards/sanctions systems differs. Colorado's tends to be fairly unstructured, allowing case mangers to choose from a whole menu of rewards and sanctions and apply them as they think best fits the individual and his circumstances. Both Nevada and Virginia, however, have developed rather elaborate systems that involve classifying various behaviors or infractions into multiple tiers and specifying the types of

Table 6: Prevalence and Intensity of Service Delivery, Aftercare Phase

	Colorado			
	Percentage of Youth Who Ever Received Service		Mean Hours/Days Per Month	
Service Type	IAP (*n*=54)	Control (*n*=35)	IAP (*n*=54)	Control (*n*=35)
Educational	52%	51%	12.0 days	15.9 days
Employment	59	40	14.8 days	16.8 days
Vocational training	48	25	8.7 hours	4.0 hours
Mental health/counseling	78	69	8.7 hours	12.7 hours
Drug/alcohol treatment	63	37	4.4 hours	4.3 hours
Life skills training	48	46	8.7 hours	7.7 hours

	Nevada			
	Percentage of Youth Who Ever Received Service		Mean Hours/Days Per Month	
Service Type	IAP (*n*=71)	Control (*n*=84)	IAP (*n*=71)	Control (*n*=84)
Educational	83%	55%	7.4 days	13.1 days
Employment	49	54	14.0 days	14.5 days
Vocational training	63	27	4.1 hours	5.1 hours
Mental health/counseling	66	19	5.8 hours	6.9 hours
Drug/alcohol treatment	76	18	3.3 hours	6.4 hours
Life skills training	77	5	3.5 hours	27.8 hours

	Virginia			
	Percentage of Youth Who Ever Received Service		Mean Hours/Days Per Month	
Service Type	IAP (*n*=50)	Control (*n*=18)	IAP (*n*=50)	Control (*n*=18)
Educational	62%	28%	9.5 days	7.8 days
Employment	40	44	10.5 days	12.9 days
Vocational training	66	39	13.4 hours	5.1 hours
Mental health/counseling	96	39	6.5 hours	11.4 hours
Drug/alcohol treatment	70	22	5.1 hours	5.3 hours
Life skills training	68	22	8.6 hours	5.8 hours

Note: Intensity-of-services data are based on case months during which the service was received.

rewards/sanctions that are considered appropriate to each tier.[17]

Reward/Sanction Issues

Although the reward and sanction systems are used routinely in the sites, they have not been easy to implement, especially in the community settings. Each of the sites has had difficulties and continues to experiment with its system. For example, Colorado had to revamp its entire system after youth began to demand rewards for meeting what were considered routine expectations (e.g., reporting, attending day treatment). Under the revised system, rewards are linked only to the achievement of objectives specified in the youth's behavioral contract. Nevada has experienced problems with older, more sophisticated youth's unwillingness to comply with some of the intermediate sanctions imposed in response to their rules violations. Virginia staff have noted that for some youth, behavior deteriorates so quickly and dramatically—progressing from minor to major violations to reoffending—that staff do not have time to respond with progressive intermediate sanctions. Finally, Nevada and Virginia also have had to amend their approaches to rewards because the progress among high-risk parolees is frequently slow and measured in small increments. As a result, the reward systems currently emphasize not only goal attainment, but also intermediate steps toward those goals.

Lessons Learned: Factors Facilitating and Impeding Implementation

IAP implementation experience to date has brought out several issues that are instructive for the field. This section highlights factors—both positive and negative—that have influenced implementation across the IAP sites.

Facilitating Factors

Following are some of the key factors that facilitated initial program implementation.

- **A real need addressed.** Site staff believed that the IAP model addressed a real need. Staff also believed that IAP had the potential to alleviate many of the pressing aftercare issues the sites were experiencing, including high recidivism and recommitment rates, minimal or disjointed interventions, and political pressure to do something about serious juvenile offenders. From the sites' perspective, the model was not just some new programmatic "add on," but a new way of doing business. In addition, IAP had a strong conceptual appeal to administrators and staff, who thought the model made practical sense and who wanted to make it work.[18]
- **Design flexibility.** By specifying underlying program principles rather than a detailed program design, the model allowed each of the sites to adapt the approach to local circumstances. The high degree of flexibility in model design was a major selling point for local administrators in their decision to proceed with implementation. Further, giving administrators and staff the authority and responsibility for determining exactly what the model would look like at the local level helped ensure a high level of commitment to the resulting program.
- **A long-term perspective.** The long-term view and multiyear funding provided by OJJDP gave the sites time to implement a complex project. In spite of its conceptual appeal, implementation was not a simple undertaking. Instead, building and refining the model was an incremental, often experimental, multiyear process. OJJDP's long-term perspective, however, gave the

Contacts and Services During the Transition Period

To more closely examine the transition process, NCCD has conducted analyses of the extent of contacts and services during the months immediately preceding and following a youth's release from the institution. The central question is whether and to what extent service delivery is intensified for IAP youth during this transition period. The analysis divided the entire correctional intervention into four distinct and mutually exclusive phases:

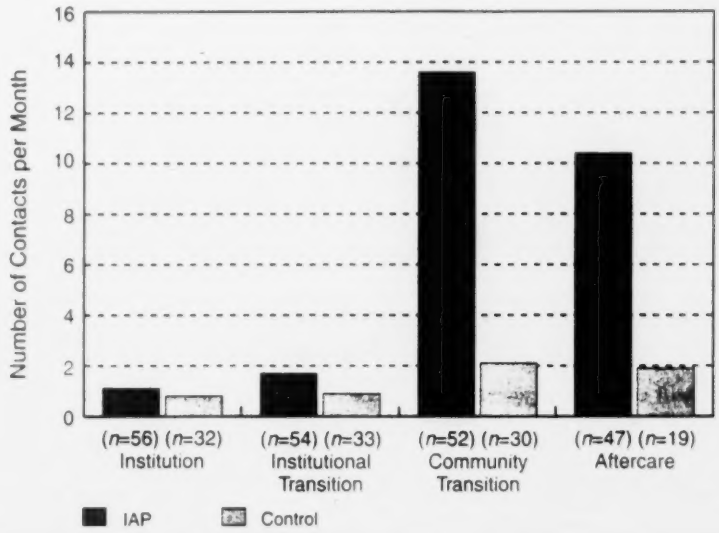
- The institutional phase.
- The institutional transition phase, which is the 30 days (Nevada, Virginia) or 60 days (Colorado) immediately prior to release.
- The community transition phase, which is the first 30 days on parole in the community.
- The aftercare phase.

The analysis used only the subsample of study youth who have already been released to aftercare.[1] Selected findings to date are briefly summarized below. These data indicate that the IAP programs are in fact focusing on the transition period, especially the first month of aftercare, and that contacts and services are substantially more intensive for IAP youth during this time.

Contacts

The figure compares the Virginia IAP and control groups on the frequency of monthly face-to-face contact between youth and parole officers during each of the four program phases. The data show that there is a slight increase in contacts for IAP—but not control—youth between the institutional and institutional transition phases (i.e., the 30 days prior to release). But in each of these first two phases, there is no substantial difference between the groups in the frequency of contact. However, the frequency of contact for IAP youth increases dramatically during the first month of aftercare, and there is a major difference between IAP and controls during this period. The increased frequency is to be expected, as the youth are back in Norfolk, but the magnitude of the contacts and the differences between IAP and controls suggest a strong programmatic focus on this key transition period. During the ensuing months of aftercare in Virginia, the frequency of contact drops slightly but still remains far greater than that which occurs for control youth. Nevada and Colorado data showed similar, but less dramatic, patterns of increased contact during the transition periods.

Average Face-to-Face Contacts by Program Phase, Virginia



Proportion of Youth Receiving Selected Services During First Month of Aftercare, Community Transition Phase

	IAP Site					
	Colorado		Nevada		Virginia	
Service Type	IAP (*n*=58)	Control (*n*=48)	IAP (*n*=81)	Control (*n*=96)	IAP (*n*=56)	Control (*n*=34)
Education	38%	36%	58%	30%	43%	6%
Employment	41	15	23	24	21	9
Mental health/ counseling	66	49	36	9	82	12
Drug/alcohol treatment	41	28	53	9	50	6
Life skills training	33	32	56	3	52	6

Services

Data on the percentage of IAP youth who are provided various types of services during the first month of aftercare (see table) also support the notion of intensified services for IAP youth during the community transition period. In Colorado, there are several service areas (employment, counseling, substance abuse) in which a larger percentage of IAP than control youth are involved during the first month of aftercare. Similarly, in Nevada and Virginia, a substantially larger percentage of IAP youth are involved in education, mental health/counseling, substance abuse services, and life skills programming.

[1] The youth used for these analyses (1) had been released from the institutions, (2) had a valid release date available, and (3) had complete data forms for the month(s) preceding or following the release date. The samples are smaller for this analysis than in the rest of the Bulletin. As a result, there will be some differences between the contacts and services data shown here and those shown elsewhere in this Bulletin.

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sites sufficient time and resources to implement the model.

- **Expert technical assistance.** The ongoing training and technical assistance provided by Drs. Altschuler and Armstrong were indispensable sources of external support for the projects. They brought a high level of energy, commitment, and expertise to the sites. Their expertise was critical, particularly because the details and nuances of the model's practical application cannot be gleaned from publications or traditional experience. Drs. Altschuler and Armstrong provided multiple well-received training sessions, offered highly responsive support, promoted cross-site learning experiences, suggested practical alternatives for dealing with implementation problems, and generally nurtured IAP program development.
- **Internal and external support.** Colorado, Nevada, and Virginia developed external and internal support by garnering cooperation from high-level decisionmakers from related agencies, managers of various operational units (e.g., institutions, parole), supervisors, and line staff. The sites used a variety of mechanisms to gain support, but essentially they gave these people a role in planning and/or ongoing program development. Particularly important was the building of internal support at the IAP line level by continuously involving staff in program development and implementation-related decisionmaking.
- **Committed leadership.** There was committed and strong program leadership at the operations level. The source of this leadership varied by site, but each had program leaders who thoroughly understood and were committed to the model, promoted the IAP "cause," aggressively addressed problems in implementation, and generally worked hard to make the program successful. In New Jersey, the weakening of the project coincided with a period when the IAP leadership position was vacant and then was assumed by staff who were unable to devote sufficient time and attention to IAP because of their additional responsibilities.[19]
- **Sufficient staff resources.** Colorado, Nevada, and Virginia all dedicated sufficient staff resources to the project. Caseloads were about half the size of those handled by traditional staff. Although this represented a substantial investment of personnel, this investment was necessary to enable the sites to deal intensively with high-risk youth with multiple problems and also necessary to allow parole staff to assume significant responsibilities for youth during the institutional phase.
- **Access to specialized grant funds.** The sites had access to specialized grant funds. All the sites used some portion of their OJJDP grants to help enrich services for IAP youth. Colorado, Nevada, and Virginia also had access to a much larger amount of specialized State juvenile corrections subsidy money that allowed them to significantly broaden their access to community services. Although these funds were not only targeted to IAP youth, the projects used them as important supplementary funding that helped make IAP implementation fuller.
- **Preexisting agency relationships.** In Colorado and Virginia, preexisting agency relationships with community resources (e.g., Colorado's service provider network) directly affected the level of implementation achieved in those sites. Rather than having to start from scratch in building a network of service providers, they were able to build upon already existing relationships to access a wide range of services for IAP youth. In contrast, Nevada and New Jersey did not have these strong prior connections, and while both sites developed access to several new resources, their range of services and ease of access remained more limited than in Colorado and Virginia.

Barriers to Implementation

There also were several cross-site factors that impeded IAP implementation.

- **Unstable operating environments.** At various times and to varying degrees, all the sites attempted to implement the projects in the face of major and/or frequent changes in their organizational environments. These changes affected the level of support and attention afforded the pilots and sometimes disrupted important relationships or operating procedures. Nevada, for example, faced not only several administrative changes but also a major reorganization of the agency during the second year of implementation. In Virginia, the introduction of the LEADER program and a massive rebuilding project at Beaumont required almost all the attention of that facility's key managers for more than 18 months. Finally, New Jersey had to contend—ultimately unsuccessfully—with two major reorganizations and the revamping of the entire parole system.
- **Competing agency priorities.** Related to the impediment described above were the size of the pilots and competing agency priorities. Unstable environments or not, the IAP projects were small relative to the general institutional and aftercare populations (e.g., 15 to 30 youth in institutions that house between 200 and 500 juveniles). In spite of the appeal of IAP and general support for the project, agency administrators and managers in all the sites had to deal with much larger issues on a day-to-day basis. These issues often drew managers' attention away from IAP-related concerns and likely reduced the amount of proactive support and routine involvement that they may otherwise have given the pilots. On the other hand, the size of the pilots may have protected them from the kind of negative attention that could arise in conjunction with larger program initiatives.
- **Crowding and aggressive diversion practices.** In all four sites, institutional crowding was (and is) a major problem. In Colorado and New Jersey, the corrections agencies were very aggressive in trying to divert as many youth as possible from secure facilities to private beds (Colorado) or smaller, less secure State-run facilities (New Jersey). In Virginia, substantial diversion was occurring at the local (Norfolk) court level after the introduction of a series of programs designed as alternatives to incarceration. The result in all three sites was (1) a reduction in the number of youth who were eligible for IAP, (2) lower-than-expected program enrollments, and (3) a "hardening" of the IAP target population. In other words, high-risk youth with better prospects were placed in alternative programs, while the most difficult remained at the secure institution.[20]
- **Staff selection and training.** In Nevada, New Jersey, and Virginia, the IAP parole officers all had difficulty making the adjustment from traditional styles of supervision to what was envisioned by IAP. Although these problems were eventually overcome, they slowed implementation in the aftercare phase and created considerable stress. In part, this was a staff selection issue. Some of the sites

assumed that the most experienced staff would make the best IAP case managers because of their experience, knowledge, and skills. There also were personnel rules that either gave priority to or required preference for veteran staff over other new hires. However, some of these staff had fairly entrenched notions of how to "do" supervision, and it was often an office-bound, 9-to-5, traditional approach.[21] A lack of appropriate or sufficient staff training in how to do the "nuts and bolts" of intensive supervision also contributed to these problems.

- **Staff turnover and vacancies.** While all the sites experienced some turnover, it was a significant problem only in New Jersey. The entire IAP staff and all staff in positions directly related to IAP operations turned over (some, multiple times) in a 15-month period between the summer of 1996 and the fall of 1997. This led to enormous program instability and an absence of any people with strong roots in the model during the time that New Jersey was making efforts to put its program back on track. The staff vacancy issue loomed large in Nevada and Virginia. In those sites, key staff positions became vacant and went unfilled for extended periods. These vacancies meant that there were significant cracks in the service delivery system. Consequently, vacancies have hurt the overall level of implementation in those sites.
- **Distance between the community and the institution.** In Nevada and Virginia, IAP youth were housed 2 to 3 hours' driving time from the community and the aftercare offices. This presented a challenge to aftercare staff's efforts to maintain a routine schedule of institutional visits, required considerable expenditures of time, and impeded efforts to involve family members in the visits. Conversely, the Colorado institution is approximately 20 to 30 minutes away from the community, and this close proximity facilitated frequent visits to the institution by case managers, parents, and treatment providers. The success of IAP in Virginia and Nevada, however, indicated that geography was a problematic, though not an insurmountable, barrier.

Conclusion

The IAP demonstrations in Colorado, Nevada, and Virginia have implemented programs that (1) largely reflect their program designs and the intent of the IAP model and (2) have resulted in supervision and services for IAP youth that are quite different from those received by regular parolees. The sites have generated internal and external support for the program; identified and selected the high-risk, high-need youth intended by the model; and, using a team approach, have served them through small, IAP-only caseloads. The projects also have responded successfully to the central feature of the IAP model by developing a host of mechanisms to facilitate the transition between institution and aftercare. These mechanisms include early parole planning, routine institutional visits by the aftercare case manager, and step-down structures and procedures to modulate community reentry. Results of the focus on transition-related activities include a dramatically improved level of coordination and communication between institutional and aftercare staff and the ability to involve youth in community services almost immediately after institutional release.

Finally, the IAP programs in all sites provide youth with enhanced—and balanced—supervision and services, especially during the aftercare phase:

- Supervision teams (composed of parole officers, parole aides/trackers, treatment providers) help ensure the delivery of intensive supervision.
- The frequency of contact between the youth and the parole officer during aftercare is higher for the IAP group.
- IAP youth are at least twice as likely as controls to undergo evening and weekend surveillance.
- IAP youth are more likely than controls to be involved in a range of services during aftercare.

This is not to suggest that implementation can be characterized as "complete," that it has been problem free, or that what the sites have achieved has been relatively easy to accomplish. Each site has labored continuously to bring together the various pieces of the IAP puzzle and make them work in the local jurisdiction. Moreover, as detailed above, there have been and continue to be areas of weakness in each site's implementation.

Now, in the fifth year of implementing IAP, site staff continue to fine-tune their programs and aggressively address their implementation issues. In general, however, it is clear that the strengths of each program considerably outweigh the shortcomings and that IAP has been well implemented in Colorado, Nevada, and Virginia. What remains to be determined—through NCCD's outcome evaluation—is whether a well-conceived and strongly implemented IAP model will have the desired effect of reducing recidivism and recommitments among high-risk parolees.

Notes

1. The terms "aftercare" and "parole" are used interchangeably in this Bulletin. Both refer to the period of community supervision subsequent to release from secure confinement.

2. Previous stages included (1) a comprehensive literature review and onsite assessments of promising aftercare programs; (2) the development of a theory-driven, multifaceted intensive aftercare paradigm; (3) the design of policies, procedures, and training curriculums to support the model; (4) orientation and training provided to eight jurisdictions; and (5) selection of the four demonstration sites.

3. This Summary is available through OJJDP's Juvenile Justice Clearinghouse by calling 800–638–8736 or visiting OJJDP's Web site, www.ojjdp.ncjrs.org.

4. This Bulletin is based on an interim report to OJJDP entitled *The Intensive Aftercare Program Demonstration Project: Interim Implementation Assessment* (November 1998). The assessment report provides a cross-site summary of IAP implementation and detailed individual reports on each of the four sites. The data presented in the report and in this Bulletin are somewhat different in that the assessment report covered the period up to June 1998 while the Bulletin includes information through December 31, 1998.

5. The model's three program elements must be considered in local IAP design and implementation. They include (1) external environment and organizational factors, which call attention to the need to ensure that the locally developed model takes into account its unique context (e.g., administrative structures) and the need to build support across the entire spectrum of agencies that could be involved in or affected by IAP; (2) overarching case management; and (3) management information and program evaluation, which stresses the need to monitor the IAP program carefully to ensure ongoing program integrity and the need to assess program impact through a formal comprehensive evaluation.

6. Outcome data collection began in fall 1998 for the first wave of IAP and control

participants, i.e., those who entered the project during 1995 and 1996 and who were released from the institution prior to August 1, 1997. Because program enrollments continued through at least November 1998, final outcome data will not be available until spring 2001.

7. Because New Jersey was dropped as a demonstration site, the focus of this Bulletin is on Colorado, Nevada, and Virginia. However, because New Jersey's experience is instructive, there are frequent references to that site.

8. The primary example of this was in New Jersey, where the Juvenile Justice Commission redesigned its entire parole system and included several IAP features in the new design. The change was such that the IAP pilot had reduced significance and IAP lost some of its uniqueness. A less dramatic example occurred in Virginia, where a Department of Juvenile Justice policy change resulted in the elimination of furloughs and early releases from institutions. This eliminated IAP's ability to use early release to a transitional group home as a major incentive for program compliance.

9. In New Jersey, the problem was never really resolved. The original parole officers made little progress in adapting to the new model of supervision. They were replaced in early 1997 by two younger, more energetic staff. For a variety of reasons, however (including the project's end), these staff never had sufficient opportunity to master intensive supervision.

10. The rationale for targeting high-risk offenders is to ensure that the intensive services available through the IAP model are targeted to those most likely to commit future offenses, thereby increasing the program's potential to reduce crime. With outside technical assistance, the sites developed risk measurement tools using a cohort of juveniles released to parole in the early 1990's and outcome measures that included any new arrest or revocation within a 1-year period after release. The youth identified as "high risk" on each of the scales had recidivism rates of 60 to 70 percent, depending on the site. In Colorado, for example, the recidivism rate among high-risk youth was 68 percent, while it was 41 percent for medium-risk youth and just 22 percent for low-risk youth.

11. In New Jersey, the low number of intakes combined with a high rate of program terminations during the institutional phase had a major impact on the planned use of the community-based transitional facilities. New Jersey's 12-bed facilities were envisioned originally as "IAP only" transitional units, with attendant IAP-specific services. In fact, there were rarely more than one or two youth in them at any given time, and no IAP-specific services were delivered.

12. All data on youth characteristics include both IAP and control youth.

13. As used in this discussion, "transition" refers to those activities intended to reintegrate youth gradually into the community, regardless of when the activities occur during the institutional and aftercare phases. This is a slightly broader definition than one that will be used subsequently, which focuses on activities occurring during the 30 or 60 days immediately preceding and subsequent to release from the institution.

14. These services are provided by the institutional-community liaison. The vacancy in this position from February to October 1998 created significant problems for this transitional component. IAP staff from Las Vegas filled some of the void when they made their institutional visits.

15. Colorado IAP youth are seen by their case managers on average 2.5 times per month (versus 1.2 for controls), Nevada youth on average 6.7 times per month (versus 2.0 for controls), and Virginia youth 10.4 times per month (versus 4.8 for controls).

16. The Nevada project has been quite successful in creating and sustaining relationships with (1) a wide range of businesses that have contributed goods or services that can be used as part of the IAP's system of rewards, (2) several volunteers who have provided no-cost specialized classes for program participants on topics such as sexually transmitted diseases, and (3) a group of employers who frequently hire IAP youth.

17. Nevada's reward system, for example, uses four levels of incentives, ranging from food items and compact discs (level I) to concert tickets or $50 gift certificates (level IV). The system also specifies which behaviors or accomplishments should be rewarded—and at what level—in each of several areas of functioning. These include treatment plan compliance, good home behavior, and good school performance. Similarly, the sanction system lists 23 different potential violations and specifies the appropriate range of responses for each.

18. The appeal of IAP had ramifications for juvenile parole generally in the sites. In Colorado and Nevada, experience with the pilot has led to discussions about how the model might be implemented systemwide. Virginia's early IAP experience strongly influenced a decision to hire 20 intensive-supervision parole officers to implement portions of the model throughout the State. In New Jersey, the new aftercare system draws heavily on key components of IAP.

19. New Jersey's leadership issue needs to be viewed, however, within the larger context of the organizational change and the Juvenile Justice Commission's more pressing priorities. That is, limited leadership was a factor in weakening the program, but it also was related to larger issues.

20. These comments are intended to describe how crowding and diversion affected IAP implementation, especially with respect to achieving planned sample sizes for the evaluation. They are not meant to suggest that other sites implementing the IAP model should discontinue efforts to divert youth from institutional placement simply in order to create a larger pool of IAP-eligible youth, or that institutional crowding and diversion practices somehow prohibit successful implementation of the IAP model.

21. This is not to argue that highly experienced case managers cannot or do not make good IAP staff. What has proven problematic is assuming that they will and therefore making experience a primary criterion for selection.

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